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## BIB DATA SHEET

CONFIRMATION NO. 1087

<b>SERIAL NUMBER</b> 10/765,743	<b>FILING or 371(c) DATE</b> 01/27/2004 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> UM-08483		
<b>APPLICANTS</b> Nicole M. Weiss, Ann Arbor, MI; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/11/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KIM M LEWIS/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance kml Initials	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Casimir Jones, S.C. 440 Science Drive Suite 203 Madison, WI 53711 UNITED STATES						
<b>TITLE</b> Orthotic device and methods of use						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			